

## SAFETY SURVEY

Unit Surveyed: \_\_\_\_\_ Date: \_\_\_\_\_

Persons Contacted: \_\_\_\_\_

**OVERALL RATING:** \_\_\_\_\_

**Instructions:** The survey officials should place their initials in the column which shows the rating for each item. Normally if an item is rated NO (*unsatisfactory*), an explanation or comment should be made at the end of the report using the same identification of paragraphs and titles as the original item rated. The survey official should sign one copy and leave it with the unit commander after having discussed it with unit commander, if appropriate. If the survey was conducted by a wing staff representative, the unit commander should acknowledge the receipt of the survey and indicate in writing any necessary corrective action taken. A reference copy may be retained by the surveying activity. The rater should add any comments which will provide a clear and concise picture of the situation at the time of the survey.

*Identification of Columns:*      Yes (satisfactory),    No (unsatisfactory)

### COMMAND SECTION

	Yes	No
1. Is the commander advised by key staff officers and the unit safety officer of deficiencies which are creating accident potentials in areas of personnel, logistics, and operations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the commander's follow-up action to correct accident potentials effective?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the commander actively support the unit safety program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the commander personally establish policies to emphasize safety?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is an effective training program established to indoctrinate all personnel on the importance of safety?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do commanders assure themselves that there is expeditious and effective coordination between key staff and operating agencies in matters pertaining to safety?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do commanders require periodic safety surveys in their command?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the commander published a supplement to CAPR 62-1 or other document on safety?	<input type="checkbox"/>	<input type="checkbox"/>

### OPERATIONS AND TRAINING

1. Check the following items by reviewing records and directives:	<input type="checkbox"/>	<input type="checkbox"/>
a. Are procedures in effect to insure that pilots are aware of latest safety-of-flight information?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do checkout questionnaires require pilots to demonstrate a thorough knowledge of aircraft systems and operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the unit maintain a current Pilot Information File in accordance with CAPR 60-1?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are checkout requirements for each airplane specified in writing with regard to hours, missions, and maneuvers required? (Day? Night?)	<input type="checkbox"/>	<input type="checkbox"/>
e. Are pilots encouraged to report hazards to flight and near accidents?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are Go/No Go, Wind/Cross-wind values established for takeoffs and landings?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are crosswind landing restrictions posted in the aircraft?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
h. Are CAP-conducted checkouts, rechecks, proficiency, standardization, instrument, instructor pilot checks, etc., adequate in accordance with CAPR 60-1?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are completed checks reviewed by a responsible supervisor before finally approved and filed?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is a system established to ensure that pilots do not fly unless they have met the minimum CAPR 60-1 requirements?	<input type="checkbox"/>	<input type="checkbox"/>
k. Is a system established to ensure that the aircraft is not released for flight unless it is airworthy?	<input type="checkbox"/>	<input type="checkbox"/>
l. Do all pilots review the PIF before each flight?	<input type="checkbox"/>	<input type="checkbox"/>
m. Do all taildragger aircraft have shoulder harness installed?	<input type="checkbox"/>	<input type="checkbox"/>
n. Is security of aircraft adequate enough to prevent unauthorized flights?	<input type="checkbox"/>	<input type="checkbox"/>
o. Are unprepared taxiways clear of any holes or depressions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Check these items by actually examining the aircraft and observing operations of aircraft if possible:		
a. Do crews properly plan their flights?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are passengers properly briefed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are flight plans filed for all flights outside of local area?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are aircraft thoroughly inspected prior to each flight?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are current checklists used?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are periodic no-notice spot checks administered to the pilots?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are standard hand signals used in directing aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
h. When aircraft are parked, are main gear wheels chocked for and aft?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are aircraft tied down after each day's flight?	<input type="checkbox"/>	<input type="checkbox"/>
j. Are aircraft properly grounded before refueling?	<input type="checkbox"/>	<input type="checkbox"/>
k. Are fuel tank sumps drained before flight?	<input type="checkbox"/>	<input type="checkbox"/>
l. Are pilots wearing their shoulder harness is installed in the aircraft?	<input type="checkbox"/>	<input type="checkbox"/>

**ACCIDENT PREVENTION**

1. Are aircraft and vehicles thoroughly inspected prior to operation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the safety officer:	<input type="checkbox"/>	<input type="checkbox"/>
a. Supervise the accident investigating and reporting system to assure complete, accurate, and prompt reporting?	<input type="checkbox"/>	<input type="checkbox"/>
b. Monitor training programs, briefings, and critiques for safety considerations?	<input type="checkbox"/>	<input type="checkbox"/>
c. Receive command support?	<input type="checkbox"/>	<input type="checkbox"/>
d. Perform duties not related to safety?	<input type="checkbox"/>	<input type="checkbox"/>
e. Assure compliance with all accident prevention policies?	<input type="checkbox"/>	<input type="checkbox"/>
f. Cooperate with and exchange ideas with other safety officers and agencies?	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintain a reference file on safety and associated publications?	<input type="checkbox"/>	<input type="checkbox"/>

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 3. Are safety publications receiving proper distribution?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are bulletin boards conspicuous, neat, and up-to-date?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are records maintained on all accidents? Are safety hazards reports on file?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is corrective action accomplished on all recommendations submitted by the activity as a result of accidents and safety hazard reports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are adequate firefighting facilities available? (If not, have personnel been trained in first aid and crash-fire procedures?)          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are sufficient fire extinguishers readily available for emergency use?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are monthly safety briefings held and documented? Documentation should include all personnel who attended.                             | <input type="checkbox"/> | <input type="checkbox"/> |

### MAINTENANCE

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Are all aircraft equipped with a maintenance form for writeups after each flight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are aircraft being flown with excessive number of delayed discrepancies to the extent that safety may be compromised?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are cockpits and/or flight decks regularly cleaned and kept free of foreign objects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the maintenance officer taking an active part in the accident prevention program for pilots?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does aircraft cannibalization have an adverse effect on safety of flight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is overall maintenance adequate and thorough enough to be an effective agent for vehicle/aircraft accident prevention?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are 100-hour, annual, transponder, ELT, Altimeter/Static System inspections being accomplished as appropriate and logged in aircraft logs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are CAP vehicles equipped with seat belts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there an adequate system for insuring pilots do not fly the aircraft if it is grounded for maintenance?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

### FACILITIES

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are proper lifting rules observed when handling large/bulky materials to avoid muscle strain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is electrical equipment properly guarded to prevent possibilities of shock and fire?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are cords or wires strung across floors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are steps equipped with non-slip treads or painted with non-slip material?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are stairways well lighted?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire extinguishers available and do they have a current inspection?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are flammables stored in office areas, that is, paint, thinner, cleaning solvent?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are aisles or passageways kept clear?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are sidewalks/pathways free from hazards such as snow, ice, rocks, tripping hazards, etc.?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are electrical outlets overloaded by multiple plugs?   | <input type="checkbox"/> | <input type="checkbox"/> |

**EXPLANATIONS AND/OR COMMENTS:**

---

**SIGNATURE AND TITLE OF SURVEY OFFICIAL**

---

**SIGNATURE OF UNIT COMMANDER**